Center for Rural Health



A Community Health Needs Assessment (CHNA) Collaborative Framework to Build Capacity for Community Engagement

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Why Assess Community Health?

- Take stock of community assets & challenges
- Paint holistic picture of community health
 - Importance of qualitative data

- Document emerging trends & gaps
- Benchmark change over time



Affordable Care Act – 2011 Regulation

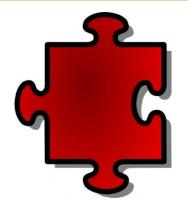
IRS Notice 2011-52

CHNA report documentation:

- Take into account broad interests of community, including:
 - a) Public health
 - b) Medically underserved, low-income, minority populations
 - c) Federal, tribal, regional, state, or local health depts. or agencies

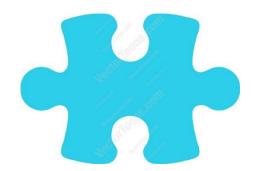
Annual implementation strategy:

- Describe how hospital plans to address need
 - a) Describe actions and anticipated impact
 - b) Identify programs and resources to commit
 - c) Describe collaboration with other facilities/organizations



Public Health Accreditation

- Voluntary national accreditation program to advance *quality* and *performance* of Tribal, state, local, and territorial public health departments
- Push for accreditation across country
- Public Health Accreditation Board (PHAB) standards include:
 - Community Health Assessment (CHA)
 - Community Health Improvement Plan (CHIP)



Every 5 years

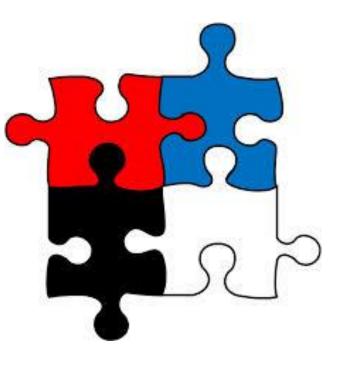
VS.

every 3 years



Collaboration

CHNA + Public Health + Rural dynamics = Collaborative model



1. Build a "shared ownership of community health"

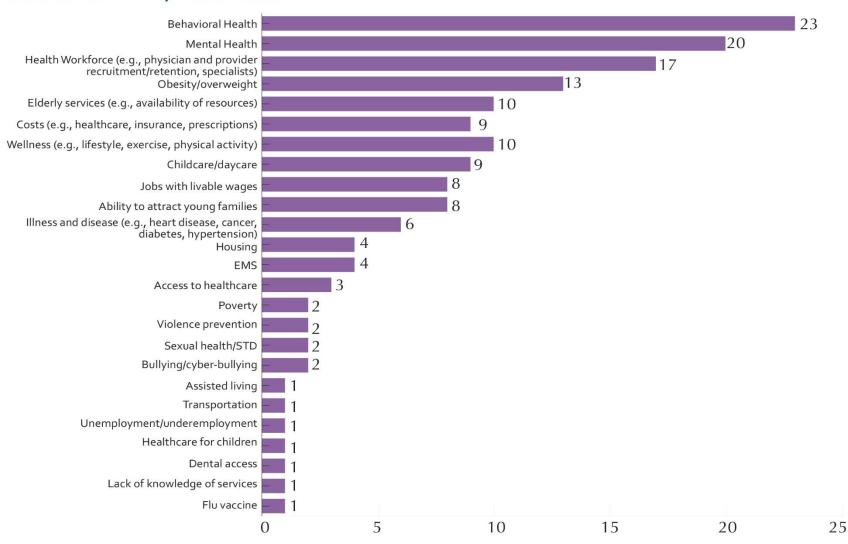
2. Commitment to collaborate on similar activities

3. Reduce costs by collaborating in data collection resource-intensive

4. Share staff expertise and in-kind resources

North Dakota CHNA Statewide Results 2016

Identified Community Health Needs



CHNA Electronic-Toolkit

www.ndchna.org/toolkit

- Streamline communication
- Internal staff consistency
- Build capacity
- Promote peer network
- Document activities

CHNA Activities Files Export Contact Us

Grand Forks

Welcome

Grand Forks ✓ Welcome 1. Initial Communication X 2. Develop Steering Committee X 3. Survey Development 4. Plan Community Meetina X 5. Launch Media Campaign & Distribute Survey Link X 6. Hold Community Meeting & Distribute Print Survey X 7. Monitor & Finalize Survey Distribution X 8. Hold Community Meeting #2 X 9. Closing the CNHA Process

We are excited to partner with you in conducting a community health needs assessment (CHNA). We applaud your interest in wanting to improve your community's health and we share your commitment. We hope to make this a collaborative and cooperative endeavor.

Our Background

The Center for Rural Health (CRH) has more than three decades of experience conducting CHNAs. The stars on the map indicate the communities in which we have conducted a CHNA, and represent both critical access hospitals and public health units with whom we have partnered.

North Dakota Community Health Needs Assessment Communities



Choosing a CHNA Liaison(s)

Point of contact for CHNA process

- Utilize CHNA Liaison to gain entry to community
- Designated by hospital leadership (CEO, CFO, COO)

Build community capacity

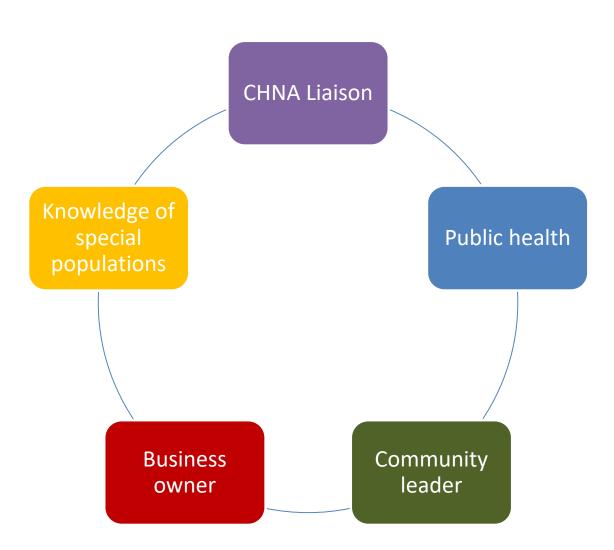


Step 1: Initial Communication

Obtain letter of support

Compile list of services (CAH
 & Public Health when applicable)

Submit logo(s) of lead participating organizations



Step 2: Develop Steering Committee



Steering Committee Responsibilities

- 1. Customize base survey tool
 - Tap into community issues
 - Distribute print/electronic survey
- 2. Select & invite key informant interviewees & community group members
- 3. Plan and arrange for community meetings
- 4. Promote CHNA process
 - Word-of-mouth dissemination
 - Advertise CHNA



Step 3: Survey Development

Tool to increase community partner buy-in:

- Awareness/use of services:
 - Critical Access Hospital & Public Health
- Marketing & recruitment value
- Community violence
- Foundation awareness
- Extended clinic hours
- Sales tax support
- Communication preferences
- Evaluation of implemented activity

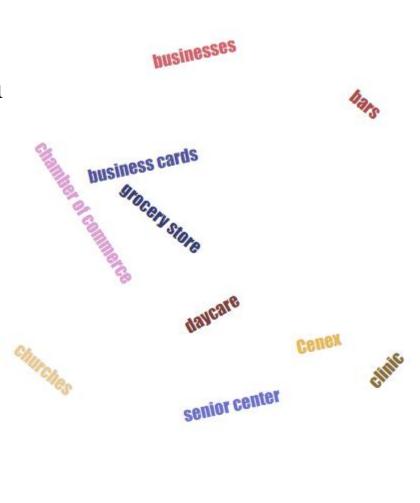


Survey Sampling Procedures

- Convenience sample
- Not statistically valid sampling of population
- Disseminate throughout community (i.e. churches, local meeting spots, restaurants, schools, etc.)

Target areas:

- Social services
- Job services
- Migrant services
- Veterans services



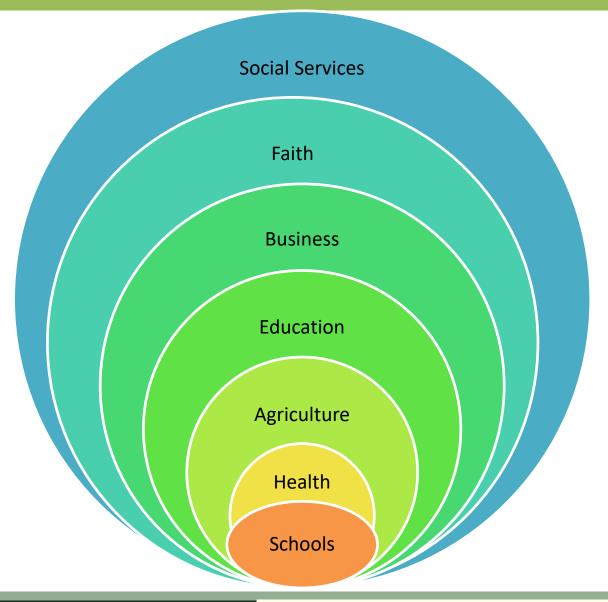
Step 4: Plan 1st Community Meeting

- One-on-one interviews held with key informants (6-10) can provide insights into community's health needs
- Must interview public health professional
- Send out key informant and community meeting invites (templates provided)

Topics include:

- General health needs of the community;
- Awareness/use of health services offered locally;
- Suggestions for improving collaboration within the community;
- Barriers to local care; and
- Reasons community members use local health care providers, and reasons community members use other facilities for health care.

Community Group Composition



Step 5: Launch Media Campaign & Distribute Survey Link

- ☐ Press release
- ☐ Radio ad
- ☐ Marquee ad
- ☐ Web link for websites
- ☐ Elevator speech
- ☐ Business card with survey weblink
- ☐ QR code



Steps 6 & 7: Hold Community Meeting & Finalize Survey Distribution

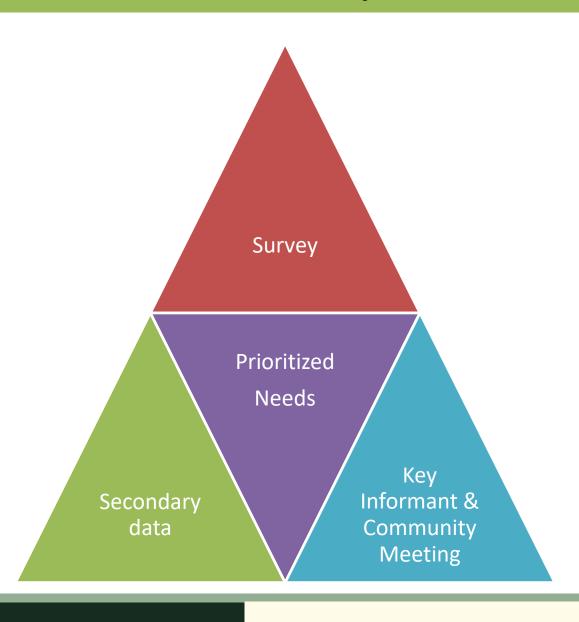
- Plan for two hours
- Distribute community sign-in sheet
- Submit photos of your community to be used in final CHNA report
- Determine days/times for 2nd Community Meeting



Secondary Sources Used

- Robert Wood Johnson Foundation, collaborating with the University of Wisconsin Population Health Institute
- Illustrate community health needs and provide guidance for actions to improve health.
- Counties compared to <u>state rates</u> and <u>Top 10%</u> <u>nationally</u> in various topics ranging from individual health behaviors to the quality of health care(use 20+ sources of data).
- http://www.countyhealthrankings.org/app/north-dakota/2016/overview

Data Analysis



Step 8: Hold Community Meeting #2

- Group members are presented:
 - Survey results
 - Findings from key informants and focus group
 - Secondary data relating to general health of service area
- Tasked with identifying and prioritizing community's health needs

Step 9: Closing the CHNA Process

- Proof draft CHNA report
- Obtain Board approval of the final CHNA report
- Make report available via the website & hardcopy
- Share CHNA results and prioritized needs via press release
- Send out a thank you to individual participants and community at large
- CRH sends an evaluation survey to Liaison
- Establish community work groups/committee(s) to concentrate on developing a plan to work on the prioritized identified needs

https://ruralhealth.und.edu/projects/community-health-needs-assessment

Assessments Completed by:

Critical Access Hospital

Dedicated to sharing:

- •CHNA process
- Findings
- Collaborative opportunities
- Publications
- •Strategies to address needs
- •Communities' success
- •Resources & funders

Top Health Needs Across North Dakota Communities Bottineau Crosby Cavalier Langdon Kenmare ___ Rolla WILLIAMS Cando RAMSEY Grafton Tioga 🕺 ૌ Stanley 👺 Minot Williston Rugby Devils Lake Grand Forks McVille MOUNTRAIL WARD McHENRY BENSON Northwood McLEAN SHERIDAN WELLS EDDY Watford City Garrison Harvey Cooperstown Turtle Lake FOSTER 🔣 Mayville Carrington McKENZIE Hazen Hillsboro 🔣 GRIGGS BURLEIGH KIDDER Valley City \bigcirc Dickinson Bismarck Jamestown Fargo 📳 MORTON STUTSMAN HETTINGER LOGAN LAMOURE Lisbon Elgin ADAMS Wishek Linton Oakes 🔢 Bowman GRANT Hettinger Ashley **EMMON** SARGENT RICHLAND

Non-Critical Access Hospital

Public Health

Collaborative Effort

Next CHNA Steps – Innovative Ideas

Home > What We Do > Projects > Community Health Needs Assessment

Addressing Community Health Needs

Ideas into Action

To help North Dakota communities address the top health needs identified through their Community Health Needs Assessment (CHNA), models and examples are listed on this page as potential resources. Not all ideas listed will apply or be practical for all communities; rather it is a list of ideas that could be modified or tailored to fit your needs, or serve as a springboard for new ideas.

These ideas are not evidence-based best practices. Rather, they serve as additional qualitative data and can act as conversation starters to help think of activities that may have worked in other rural settings in North Dakota. For more information on evidence-based practices, check out County Health Rankings & Roadmaps, "What Works For Health." It may be helpful to look at those and then cross-reference to these ideas for what is feasible in a rural context.

On This Page:

- Access to needed equipment/facility update
- Aging population services
- Attracting & retaining young families
- Cancer
- Chronic disease management
- Concerns of low customer service & quality of care
- Cost and adequacy of health insurance
- · Elevated level of uninsured adults
- · Elevated rate of adult smoking
- Elevated level of excessive drinking/alcohol use
- Emphasis on wellness, education & prevention
- Health care workforce shortages (physicians, visiting specialists, health care professionals)



CHNA Resources

Rural Health Information Hub

https://www.ruralhealthinfo.org/

- Funding opportunities
- Rural health issues
- Rural care coordination



For Rural Ass

Online Library -

Topics & States -

Community Health Gateway - Tools Succe

MORE ON THIS TOPIC

Introduction

FAQs

Publications

Organizations

Websites & Tools

Funding & Opportunities

News

Models and Innovations

About This Guide

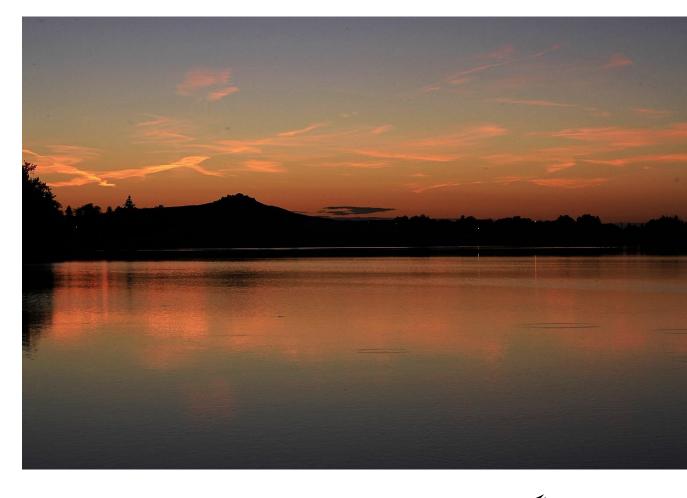
Rural Health > Topics & States

Rural Care Coordina

Care coordination is an important quality healthcare. Unfortunate have not traditionally been rebeen a priority for the American recent years, policymakers a supportive of care coordinaticare while reducing costs.

In rural communities, care contable care or challenges in access to care accountable care organiza centered Medical Homes (implemented in rural areas the

QUESTIONS?



THANK YOU